

Fill in this information to identify the case:Debtor name Southern Inyo Healthcare DistrictUnited States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIACase number (if known) 1:16-bk-10015-FEC☒ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases – SECOND AMENDED**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Glucose Meter/Software**State the term remaining **2 years**

List the contract number of any government contract _____

**Abbot Laboratories
Nutrition Division
75 Remittance #1310
Chicago, IL 60675-1310**2.2. State what the contract or lease is for and the nature of the debtor's interest **Fire Suppression**State the term remaining **N/A**

List the contract number of any government contract _____

**ABC Fire Service
1025 Telegraph Street
Reno, NV 89502**2.3. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**Advanced Medical Management
Carissa Jordan-Contract Support
5000 Airport Plaza Drive
Suite 150
Long Beach, CA 90815**2.4. State what the contract or lease is for and the nature of the debtor's interest **Workers Compensation Insurance**State the term remaining **6 months**

List the contract number of any government contract _____

**Alpha Fund Workers Comp.
P.O. Box 619084
Roseville, CA 95661**2.5. State what the contract or **Firewall Protection for** Altaware, Inc.

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Debtor 1 **Southern Inyo Healthcare District**

First Name

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

lease is for and the nature of the debtor's interest **Network****26522 La Alameda #180
Mission Viejo, CA 92691**

State the term remaining

List the contract number of any government contract _____

2.6. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**ANTHEM BC MCM
PO BOX 60007
LOS ANGELES, CA 90060-0007**2.7. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**Anthem Blue Cross
Attn: Terry Marinas
2121 North California Blvd.
Walnut Creek, CA 94596**2.8. State what the contract or lease is for and the nature of the debtor's interest **Hazardous Waste Removal**State the term remaining **2 years**

List the contract number of any government contract _____

**ATI
7522 Tyrone Avenue
Van Nuys, CA 91405**2.9. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**BC LIFE & HEALTH
PO BOX 60007
CMSP
LOS ANGELES, CA 90060-0007**2.1
0. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A****BC SISC III
PO BOX 80308
SALINAS, CA 93912**

Debtor 1 **Southern Inyo Healthcare District**

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Case number (if known) **1:16-bk-10015-FEC****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

- 2.1 State what the contract or **Professional Liability**
 1. lease is for and the nature of the debtor's interest

State the term remaining **6 months**

List the contract number of any government contract _____

**Beta Healthcare Group
 Finance Department
 1443 Danville Blvd.
 Alamo, CA 94507**

- 2.1 State what the contract or **Auto Liability and**
 2. lease is for and the nature of the debtor's interest **Physical Damage Coverage Contract**

State the term remaining **6 Months**

List the contract number of any government contract _____

**Beta Risk Management Authority
 1443 Danville Blvd.
 Alamo, CA 94507**

- 2.1 State what the contract or **Directors, Officers, and**
 3. lease is for and the nature of the debtor's interest **Trustees Liability Coverage Contract Including Healthcare Entity Coverage**

State the term remaining **6 months**

List the contract number of any government contract _____

**Beta Risk Management Authority
 1443 Danville Blvd.
 Alamo, CA 94507**

- 2.1 State what the contract or **Healthcare Entity**
 4. lease is for and the nature of the debtor's interest **Comprehensive Liability Contract**

State the term remaining **6 months**

List the contract number of any government contract _____

**Beta Risk Management Authority
 1443 Danville Blvd.
 Alamo, CA 94507**

- 2.1 State what the contract or **Mobile Oxygen**
 5. lease is for and the nature of the debtor's interest

State the term remaining **11 months**

List the contract number of any government contract _____

**Bishop Welding Supply
 180 Short Street
 Bishop, CA 93514**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

Blue Cross
Attn: Cathy Moseley
2121 North California Blvd.
Walnut Creek, CA 94596

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

BLUE CROSS
PO BOX 60007
HEALTHY FAMILIES
LOS ANGELES, CA 90060

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

BLUE CROSS OF ARIZONA
5810 WEST BELVERLY LANE
Administrative Ent.
GLENDALE, AZ 85306-1800

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

BLUE CROSS OF CA
PO BOX 60007
2NDARY
LOS ANGELES, CA 90060

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

BLUE CROSS OF CALIFORNIA
PO BOX 1999
MOTION PICTURE INDUSTRY
STUDIO CITY, CA 91614

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

BLUE CROSS-PERS CHOICE
PO BOX 60007
PRUDENT BUYER PLAN-SIH

Debtor 1 **Southern Inyo Healthcare District**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

LOS ANGELES, CA 90060State the term remaining **N/A**

List the contract number of any government contract _____

- 2.2 State what the contract or
2. lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**BLUE CROSS/BLU SHIELD-FEP
PO BOX 70000
FEDERAL EMP PROGRAM
VAN NUYS, CA 91470**

- 2.2 State what the contract or
3. lease is for and the nature of the debtor's interest **Medical Provider Agreement
Provider Nos.
ZZZC1402Z - Acute,
Outpatient, SNF &
Swing
ZZZ92769Z - Pro Fees
ZZZS9755Z - Clinic**

State the term remaining **N/A**

List the contract number of any government contract _____

**BLUE SHIELD
PO BOX 1505
BLUECARD PROGRAM
RED BLUFF, CA 96080-1505**

- 2.2 State what the contract or
4. lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**BLUE SHIELD OF CA
PO BOX 272540
CHICO, CA 95912**

- 2.2 State what the contract or
5. lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Blue Shield of California
Attn: Mary Li
3300 Zinfandel Drive
Rancho Cordova, CA 95670**

- 2.2 State what the contract or
6. lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**BLUE SHIELD OF CALIFORNIA
P O BOX 272560
CHICO, CA 95927-2560**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

CALIFORNIA HEALTH & WELLN
PO BOX 4080
FARMINGTON, MO 63640-3835

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

CALIFORNIA MEDICAL DETACH
ATTN: HSHJ-CCD
PRESIDIO OF MONTEREY, CA 93944-5006

- 2.2 State what the contract or lease is for and the nature of the debtor's interest **Copy Machine Rental**

State the term remaining **60 months**

List the contract number of any government contract _____

Canon Financial Services
14904 Collections Center Drive
Chicago, IL 60693

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Physical Therapy Mist**

State the term remaining **N/A**

List the contract number of any government contract _____

Celleration Inc.
Department CH 19325
Palatine, IL 60055-9325

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

CHAMPVA
PO BOX 469064
DENVER, CO 80246-9064

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**CHDTP
P O BOX 15503
E.D.S. FEDERAL CORP
SACRAMENTO, CA 95851-1508**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Cigna
Donella Olsen - Contracts Manager
400 Brand Blvd.
Suite 300
Glendale, CA 91203**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Comprehensive Health Services
Attn: Melinda Roxberry-Blankenship
10701 Parkridge Blvd.
Suite 200
Reston, VA 20191**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**DISABILITY EVALUATION DIV
PO BOX 28937
SIERRA BRANCH/V61
FRESNO, CA 93729-8937**

- 2.3 State what the contract or lease is for and the nature of the debtor's interest **Skilled Nursing Facility Physician**

State the term remaining **6 months**

List the contract number of any government contract _____

**Dr. Milton R. Jones
PO Box S
Lone Pine, CA 93545**

- 2.3 State what the contract or lease is for and the nature **Acupuncturist Services** **Dr. Steve Chong Luo**
821 Rainwater Lane

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

of the debtor's interest

Walnut, CA 91789State the term remaining **11 months**List the contract number of
any government contract _____

- 2.3 State what the contract or **Propane Tanks and**
8. lease is for and the nature **Service**
of the debtor's interest

State the term remaining

List the contract number of
any government contract _____**Eastern Sierra Propane
104 Sunland Res. Road
Bishop, CA 93514**

- 2.3 State what the contract or **Medical Equipment**
9. lease is for and the nature **Purchase Agreement**
of the debtor's interest

State the term remaining

List the contract number of
any government contract _____**Fisher Healthcare
9999 Veterans Memorial Drive
Houston, TX 77038**

- 2.4 State what the contract or **Equipment Financing**
0. lease is for and the nature
of the debtor's interest

State the term remaining

List the contract number of
any government contract _____**General Electric Capital Corporation
20225 Watertown Blvd.
Brookfield, WI 53045**

- 2.4 State what the contract or **Medical Provider**
1. lease is for and the nature **Agreement**
of the debtor's interest

State the term remaining **N/A**List the contract number of
any government contract _____**GOV'T EMPLOYEES HOSP ASSN
PO BOX 4665
INDEPENDENCE, MO 64051-4665**

- 2.4 State what the contract or **Medical Provider**
2. lease is for and the nature **Agreement**
of the debtor's interest

State the term remaining

**Government Employees Health Association
Attn: Linda McMurray
PO Box 4665
310 NE Mulberry Street
Lee's Summit, MO 64086**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

- 2.4 State what the contract or
3. lease is for and the nature of the debtor's interest

Management Company AgreementState the term remaining **5 years**

List the contract number of any government contract _____

HCCA
869 N. Cherry Street
Tulare, CA 93274

- 2.4 State what the contract or
4. lease is for and the nature of the debtor's interest

Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

Health Net
Patrice Holloway - Contract Mgr.
7755 Center Avenue
Suite 800
Huntington Beach, CA 92647

- 2.4 State what the contract or
5. lease is for and the nature of the debtor's interest

Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

Health Net
Attn: Karen Pham
7755 Center Avenue
Suite 800
Huntington Beach, CA 92647

- 2.4 State what the contract or
6. lease is for and the nature of the debtor's interest

Security Agreement

State the term remaining

List the contract number of any government contract _____

Healthcare Resource Group, Inc.
6571 Altura Blvd.
Buena Park, CA 90620

- 2.4 State what the contract or
7. lease is for and the nature of the debtor's interest

Patient/Financial Database

State the term remaining

List the contract number of any government contract _____

Healthland Inc.
P.O. Box 856554
Trinidad, CA 95570

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**HUMANA MILITARY HEALTH
PO BOX 7032
CAMDEN, SC 29020-7032**

- 2.4 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**HUMANA MILITARY HEALTHCARE
PO BOX 8976
TRICARE REGION 13
MADISON, WI 53707-8976**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**INTER VALLEY HEALTH PLAN
PO BOX 6002
PAMONA, CA 91769**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Laboratory Service Agreement**

State the term remaining

List the contract number of any government contract _____

**Johnson and Johnson
PO Box 406663
Atlanta, GA 30384-6663**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Pathologist Services**

State the term remaining

List the contract number of any government contract _____

**Kenneth L Saeger MD
Attn: Mindi Osman
9788 Wexford Circle
Granite Bay, CA 95746**

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Medical Equipment Purchase Agreement**

**Laboratory Specialists Int'l
4834 Crestwood Court
Santa Maria, CA 93455**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.5 State what the contract or
4. lease is for and the nature of the debtor's interest

**Equipment Lease
Debtor is Lessee**State the term remaining **57 months**

List the contract number of any government contract _____

**Leasing Associates of Barrington, Inc.
220 North River Street
Dundee, IL 60118**

- 2.5 State what the contract or
5. lease is for and the nature of the debtor's interest

**Medical Provider
Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**MARINE DIVISION
1 MAR DIV
ATTN CO AID ST
RECON CO HQBN
CAMP PENDLETON, CA 92055**

- 2.5 State what the contract or
6. lease is for and the nature of the debtor's interest

**Lease No.
001-1260018-001
Debtor is/was Lessee**

State the term remaining

List the contract number of any government contract _____

**Marlin Leasing Corp.
300 Fellowship Road
Mount Laurel, NJ 08054**

- 2.5 State what the contract or
7. lease is for and the nature of the debtor's interest

**Medical Provider
Agreement
Medical Provider Nos.
ZZT30388F - Acute
ZZT40388F - Outpatient
LTCS5527F - LTC
MTN01039F -
Transportation
RHM18511F - Rural
Health Clinic**State the term remaining **N/A**

List the contract number of any government contract _____

**MEDI-CAL
PO BOX 15600
SACRAMENTO, CA 95852**

- 2.5 State what the contract or
8. lease is for and the nature of the debtor's interest

**Medical Provider
Agreement****MEDI-CAL L.A. CARE
PO BOX 570590
TARZANA, CA 91357**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

- 2.5 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**MEDICAL FAMILY PACT
PO BOX 942732
SACRAMENTO, CA 94234-7320**

- 2.6 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**MEDICARE RAILROAD
1301 CLAY ST
OAKLAND FED BLD
#392N
OAKLAND, CA 94612**

- 2.6 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement
Provider Nos.
05-1302 Critical Access
Acute & Outpatient
05-Z302 Critical Access
Swing Bed
55-5527 Skilled Nursing
05-8511 Rural Health
Clinic**

State the term remaining **N/A**

List the contract number of any government contract _____

**MEDICARE/NORIDIAN
PO BOX 6770
FARGO, ND 58108-6770**

- 2.6 State what the contract or lease is for and the nature of the debtor's interest **Contract for Email Services**

State the term remaining

List the contract number of any government contract _____

**Microsoft Corp
P.O. Box 842103
Dallas, TX 75282-2103**

- 2.6 State what the contract or lease is for and the nature **Medical Provider Agreement**

**MSP
PO BOX 1528**

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Case number (if known) **1:16-bk-10015-FEC****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

of the debtor's interest

AUGUSTA, GA 30903-1528State the term remaining **N/A**List the contract number of
any government contract _____

- 2.6 State what the contract or
4. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
any government contract _____
**NAVAL OFFICE OF MEDICAL
PO BOX 886999
OFFICER IN CHARGE
GREAT LAKES, IL 60088-6999**

- 2.6 State what the contract or
5. lease is for and the nature
of the debtor's interest **SIHD Attorney**

State the term remaining

List the contract number of
any government contract _____
**Nave & Cortell LLP
4580 E. Thousand Oaks
Suite 300
Thousand Oaks, CA 91362**

- 2.6 State what the contract or
6. lease is for and the nature
of the debtor's interest **Radiology PACS**

State the term remaining

List the contract number of
any government contract _____
**Novarad Corporation
752 E. 1180 S.
Suite 200
American Fork, UT 84003**

- 2.6 State what the contract or
7. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
any government contract _____
**PACIFICARE
PO BOX 6006
ADMIN. SERVICES DIVISION
CYPRESS, CA 90630-0006**

- 2.6 State what the contract or
8. lease is for and the nature
of the debtor's interest **Consulting Agreement**

State the term remaining **7 months**
**Petrak & Associates, Inc.
c/o Derek F. Petrak
2255 Morello Avenue
Suite 201
Pleasant Hill, CA 94523**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

- 2.6 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

PGBA
P O BOX 870006
SURFSIDE BEACH, SC 29587-8706

- 2.7 State what the contract or lease is for and the nature of the debtor's interest **Liquid Nitrogen Service**

State the term remaining

List the contract number of any government contract _____

Praxair Distribution, Inc.
Dept LA 21511
Pasadena, CA 91185

- 2.7 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

PREFERRED IPA OF CA
PO BOX 4449
CHATSWORTH, CA 91313

- 2.7 State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

REGENCE BLUE SHIELD
PO BOX 30271
SALT LAKE CITY, UT 84130

- 2.7 State what the contract or lease is for and the nature of the debtor's interest **Patient Claim Clearinghouse**

State the term remaining

List the contract number of any government contract _____

Relayhealth, Inc.
P.O. Box 98347
Chicago, IL 60693

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4. lease is for and the nature
of the debtor's interest

State the term remaining

**Agreement for Staff
Education/online
training/in-services
Term: 60 months
Expiration date: June
12, 2019
42 months**

List the contract number of
any government contract

**Relias Learning, LLC
Department CH 16894
Palatine, IL 60055**

2.7 State what the contract or
5. lease is for and the nature
of the debtor's interest

Radiologist Group

State the term remaining

List the contract number of
any government contract

**Renaissance Imaging Medical Assoc Inc.
P.O. Box 190
Simi Valley, CA 93062**

2.7 State what the contract or
6. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**

State the term remaining

N/A

List the contract number of
any government contract

**SECURE HORIZONS
PO BOX 52078
PHOENIX, AZ 85072-2078**

2.7 State what the contract or
7. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**

State the term remaining

N/A

List the contract number of
any government contract

**SECURE HORIZONS PACIFICARE
PO BOX 489
CYPRESS, CA 90630-0489**

2.7 State what the contract or
8. lease is for and the nature
of the debtor's interest

**Equipment Lease
Agreement
Debtor is Lessee**

State the term remaining

List the contract number of
any government contract

**Siemens Financial Services, Inc.
aka: Siemens Diagnostics Financing Co.,
3850 Quadrangle Blvd.
MS AFS 466
Orlando, FL 32817**

2.7 State what the contract or
9. lease is for and the nature
of the debtor's interest

Fire Alarm System

**Sierra Security Systems, Inc.
P. O Box 1206
Bishop, CA 93515**

Debtor 1 **Southern Inyo Healthcare District**

First Name

Middle Name

Last Name

Case number (if known) **1:16-bk-10015-FEC****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of
any government contract2.8 State what the contract or
0. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract**SISC III-SECONDARY
PO BOX 80308
SALINAS, CA 93912**2.8 State what the contract or
1. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract**STATE OF CALIFORNIA
P O BOX 942732
DEPARTMENT OF HEALTH SERV
SACRAMENTO, CA 94234-7320**2.8 State what the contract or
2. lease is for and the nature
of the debtor's interest **Software License**

State the term remaining

List the contract number of
any government contract**T System, Inc.
Dept. 2537
P.O. Box 122537
Dallas, TX 75312**2.8 State what the contract or
3. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract**TOIYABE INDIAN HEALTH SVC
52 TUSU LANE
INDIAN HEALTH SERVICES
BISHOP, CA 93514**2.8 State what the contract or
4. lease is for and the nature
of the debtor's interest **Service Contract on
Laboratory Equipment**

State the term remaining

List the contract number of

**Tosoh Bioscience, Inc.
P.O. Box 712415
Cincinnati, OH 45271**

Debtor 1 **Southern Inyo Healthcare District**

First Name

Middle Name

Last Name

Case number (if known) **1:16-bk-10015-FEC****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract _____

- 2.8 State what the contract or
5. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract _____**TRICARE
PO BOX 7065
CAMDEN, SC 29021-7065**

- 2.8 State what the contract or
6. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract _____**TRICARE WEST REGION
PO BOX 7064
CAMDEN, SC 29021-7064**

- 2.8 State what the contract or
7. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract _____**TriStar Managed Care
Attn: Candice Willis
PO Box 10220
Santa Ana, CA 92711-1967**

- 2.8 State what the contract or
8. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**State the term remaining **3 months**List the contract number of
any government contract _____**UNITED HEALTH MILITARY & VETERANS
SERVICES, LLC
ATTN: REGAN RISTICH
2222 W. DUNLAP AVE.
PHOENIX, AZ 85021**

- 2.8 State what the contract or
9. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract _____**United Healthcare
Attn: Corey Kirichkow
5757 Place Drive
Cypress, CA 90630**

- 2.9 State what the contract or **Medical Provider**

United Healthcare

Debtor 1 **Southern Inyo Healthcare District**

First Name

Middle Name

Last Name

Case number (if known) **1:16-bk-10015-FEC****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

0. lease is for and the nature of the debtor's interest **Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**Attn: Sherie Lovell
8880 Cal Center Drive
Suite 300
Sacramento, CA 95826**2.9 State what the contract or
1. lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**UNITED HEALTHCARE
PO BOX 10066
RAILROAD MEDICARE
AUGUSTA, GA 30999**2.9 State what the contract or
2. lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**VICTIMS OF CRIME
PO BOX 3036
STATE BOARD OF CONTROL
SACRAMENTO, CA 95812-3036**